



THE NEW YORK CITY DEPARTMENT OF EDUCATION
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(e.g.: educational, public service or health awareness purposes)

Name of Student: _____

School: _____ Class: _____

I, _____, hereby consent to the participation
(Parent or Guardian's Name)
in interviews, the use of quotes, and the taking of photographs, movies or video tapes of
my son/daughter and his/her school-related work by _____.

I also grant to _____ the right to edit, use and reuse
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